

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2013

through

M M M / D D D / Y Y Y Y Y Y
02 28 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 18 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2013 To: M M / D D / Y Y Y Y Y Y
02 28 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		2014670.42
(b) Cash on Hand at Beginning of Reporting Period.....	2145708.93	
(c) Total Receipts (from Line 19)	84391.17	281414.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2230100.10	2296084.63
7. Total Disbursements (from Line 31)	75678.15	141662.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2154421.95	2154421.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

41762.50

48075.00

(ii) Unitemized

11960.85

16494.52

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

53723.35

64569.52

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

53723.35

64569.52

12. Transfers From Affiliated/Other

Party Committees.....

29500.00

215500.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

1000.00

1000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

167.82

344.69

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

84391.17

281414.21

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

84391.17

281414.21

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	178.15	512.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	178.15	512.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75500.00	141150.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	75678.15	141662.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75678.15	141662.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	53723.35	64569.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53723.35	64569.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	178.15	512.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	178.15	512.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Daniel R Kelly

Mailing Address 516 North Main Street

City

Watford City

State

ND

Zip Code

58854-7310

FEC ID number of contributing
federal political committee.

C

Name of Employer

McKenzie County Healthcare System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2013

Transaction ID : 20715640

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. James G Parrish FACHE

Mailing Address 118 East Haskell Street

City

Winnemucca

State

NV

Zip Code

89445-3247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Humboldt General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2013

Transaction ID : 20716004

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mr. Christopher J. Durovich FACHE

Mailing Address 1935 Medical District Drive

City

Dallas

State

TX

Zip Code

75235-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Medical Center of Dallas

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2013

Transaction ID : 20716023

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Patricia R Recupero MD, JD

Mailing Address 345 Blackstone Boulevard

City

Providence

State

RI

Zip Code

02906-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Butler Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2013

Transaction ID : 20716026

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Sara Beazley

Mailing Address 533 West Barry Avenue
Apt 8A

City

Chicago

State

IL

Zip Code

60657-5410

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Staff Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2013

Transaction ID : 20718985

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Linda Burnes Bolton

Mailing Address Post Office Box 48750

City

Los Angeles

State

CA

Zip Code

90048-0750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center

Occupation

Vice President & Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2013

Transaction ID : 20719020

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Diane Weber

Mailing Address 155 North Wacker Drive

City State Zip Code
Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 14 2013

Transaction ID : 20720011

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Constance A Howes ESQ

Mailing Address 101 Dudley Street

City State Zip Code
Providence RI 02905-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Women & Infants Hospital of Rhode Isla President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 14 2013

Transaction ID : 20720637

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Arthur W Nichols

Mailing Address 84 Bradford Rd

City State Zip Code
Keene NH 03431-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Cheshire Medical Center President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 15 2013

Transaction ID : 20727679

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathy A. Bizarro FACHE

Mailing Address 544 Upper Straw Rd

City

Hopkinton

State

NH

Zip Code

03229-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 15 / 2013

Transaction ID : 20727680

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Gregory J Walker

Mailing Address 789 Central Avenue

City

Dover

State

NH

Zip Code

03820-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wentworth-Douglass Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

02 / 15 / 2013

Transaction ID : 20727681

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Karpf MD

Mailing Address 800 Rose Street

City

Lexington

State

KY

Zip Code

40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UK HealthCare

Occupation

Executive Vice President Health Affair

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 15 / 2013

Transaction ID : 20727688

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. G Douglas Higginbotham

Mailing Address P O Box 607

City

Laurel

State

MS

Zip Code

39441-0607

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Central Regional Medical Center

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 20727727

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven A Rose RN, MN

Mailing Address 801 Middleford Road

City

Seaford

State

DE

Zip Code

19973-3636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nanticoke Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 08 / 2013

Transaction ID : 20727731

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Terry Murphy

Mailing Address 640 South State Street

City

Dover

State

DE

Zip Code

19901-3597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayhealth Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 08 / 2013

Transaction ID : 20727732

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James R Davis

Mailing Address 7 Rockbrook Road

City

Augusta

State

GA

Zip Code

30909-3760

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Health Care System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : 20727738

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Earl Rogers

Mailing Address 1155 Clarendon Drive

City

Marietta

State

GA

Zip Code

30068-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : 20727740

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Mr. Patrick M Magoon

Mailing Address 2300 Children's Plaza

City

Chicago

State

IL

Zip Code

60614-3394

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ann & Robert H. Lurie Children's Hospi

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : 20727746

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dean M Harrison

Mailing Address 251 East Huron Street

City State Zip Code
 Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
 02 / 12 / 2013

Transaction ID : 20727747

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Ms. Michelle Janney

Mailing Address 1620 Meadow Lane

City State Zip Code
 Glenview IL 60025-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Sr. VP/Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
 02 / 12 / 2013

Transaction ID : 20727748

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Ms. Carol Lind

Mailing Address 251 East Huron Street

City State Zip Code
 Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
 02 / 12 / 2013

Transaction ID : 20727750

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dean L. Manheimer

Mailing Address 2323 Greenwood Avenue

City

Wilmette

State

IL

Zip Code

60091-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 20727756

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. Peter McCanna

Mailing Address 2025 Schiller

City

Wilmette

State

IL

Zip Code

60091-2323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 20727757

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr. Dennis M Murphy

Mailing Address 48 Royal Vale Drive

City

Oak Brook

State

IL

Zip Code

60523-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 20727758

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jay Anderson

Mailing Address 1156 Summit Hills Lane

City
Naperville

State Zip Code
IL 60563-2243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hospital

Occupation
Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : 20727760

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Christie

Mailing Address 251 East Huron Street

City
Chicago

State Zip Code
IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Lake Forest Hospital

Occupation
Vice President Government and Legislat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : 20727761

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Ms. Donna Cooper

Mailing Address 931 Lusted Lane

City
Batavia

State Zip Code
IL 60510-2783

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : 20727762

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Nick Rave

Mailing Address 1525 N. Clyburn

Unit B

City

Chicago

State

IL

Zip Code

60610-2483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Healthcare

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : 20727768

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Angela Scioscia MD

Mailing Address 200 West Arbor Drive

City

San Diego

State

CA

Zip Code

92103-9000

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC San Diego Health System

Occupation

Chief Medical Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2013

Transaction ID : 20727852

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Bruce King

Mailing Address 273 County Road

City

New London

State

NH

Zip Code

03257-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

New London Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : 20735065

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Michelle Janney

Mailing Address 1620 Meadow Lane

City
Glenview

State
IL

Zip Code
60025-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Sr. VP/Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2013

Transaction ID : 20735070

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary Beth Kraus

Mailing Address 1445 N. Clinton Place

City
River Forest

State
IL

Zip Code
60305-1205

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2013

Transaction ID : 20736183

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Maulik Joshi

Mailing Address 155 North Wacker Drive

City
Chicago

State
IL

Zip Code
60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President Research & Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2013

Transaction ID : 20736688

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael R. Dunaway

Mailing Address 15081 Linden Drive

City

Leawood

State

KS

Zip Code

66224-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas City Metropolitan Healthcare Co

Occupation

Senior VP, Field Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

02 / 25 / 2013

Transaction ID : 20764342

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Way

City

Jefferson City

State

MO

Zip Code

65101-8284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 20764343

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Sam W Cameron

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 20764346

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Claude W Harbarger

Mailing Address 969 Lakeland Drive

City State Zip Code
 Jackson MS 39216-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Dominic-Jackson Memorial Hospital

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 21 2013

Transaction ID : 20764347

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel J Perdue

Mailing Address 2005 Warren Avenue

City State Zip Code
 Cheyenne WY 82001-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Wyoming Hospital Association

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 21 2013

Transaction ID : 20764376

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Vickie L Diamond RN, MS

Mailing Address 1233 East Second Street

City State Zip Code
 Casper WY 82601-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Wyoming Medical Center

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 21 2013

Transaction ID : 20764377

Amount of Each Receipt this Period

500.00

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1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara Muesing

Mailing Address 39473 430th Street

City State Zip Code
 Fosston MN 56542-9297

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Essentia Health Fosston

Occupation
 Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 20 / 2013

Transaction ID : 20764383

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Mulder MD

Mailing Address 1095 Highway 15 South

City State Zip Code
 Hutchinson MN 55350-3182

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hutchinson Health

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 20 / 2013

Transaction ID : 20764384

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas F Zenty III

Mailing Address 11100 Euclid Avenue

City State Zip Code
 Cleveland OH 44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University Hospitals

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 21 / 2013

Transaction ID : 20764436

Amount of Each Receipt this Period

500.00

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800.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Paula Yoshioka

Mailing Address 1301 Punchbowl Street

City

Honolulu

State

HI

Zip Code

96813-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Queen's Health Systems

Occupation

Executive Vice President/Chief Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764464

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Dye

Mailing Address P O Box 92200

City

Albuquerque

State

NM

Zip Code

87199-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Mexico Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2013

Transaction ID : 20764534

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ms. Sharon A. Gale MSN, RN

Mailing Address 101 Cambridge Street
110

City

Burlington

State

MA

Zip Code

01803-3766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Organization of Nurse Leaders of Massa

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : 20764540

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert F Casalou

Mailing Address 26462 Glenwood Dr.

City

State

Zip Code

Novi

MI

48374-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

St. Joseph Mercy Livingston Hospital

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764653

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian M Connolly

Mailing Address One Parklane Boulevard, Suite 1000

City

State

Zip Code

Dearborn

MI

48126-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Oakwood Healthcare, Inc.

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764654

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas D DeFauw FACHE

Mailing Address 1221 Pine Grove Avenue

City

State

Zip Code

Port Huron

MI

48060-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Port Huron Hospital

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764655

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David S. Finkbeiner

Mailing Address 85 Damon Road

City

Haslett

State

MI

Zip Code

48840-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Senior Vice President, Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764656

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

B. Mr. Gary Henriksen

Mailing Address 350 Crosswind Drive

City

Dimondale

State

MI

Zip Code

48821-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Chief Finance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764657

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

C. Mr. William Jackson

Mailing Address 14700 Lake Shore Drive

City

Charlevoix

State

MI

Zip Code

49720-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlevoix Area Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764658

Amount of Each Receipt this Period

350.00

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1575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Spencer C Johnson

Mailing Address 2066 Riverwood Drive

City

Okemos

State

MI

Zip Code

48864-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764660

Amount of Each Receipt this Period

437.50

Full Name (Last, First, Middle Initial)

B. Mr. Paul E. LaCasse , DO

Mailing Address 6520 Commerce Road

City

West Bloomfield

State

MI

Zip Code

48324-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Botsford Hospital

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764662

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Jim Lee

Mailing Address 803 Greenwich Drive

City

Grand Ledge

State

MI

Zip Code

48837-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

VP, Data Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764663

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Marilyn Litka-Klein

Mailing Address 16930 Pine Hollow Drive

City

East Lansing

State

MI

Zip Code

48823-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Sr. Director, Health Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2013

Transaction ID : 20764664

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

B. Dr. Patricia A Maryland , Dr.PH

Mailing Address 532 Barrington Court

City

Bloomfield Hills

State

MI

Zip Code

48304-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Providence Health System

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2013

Transaction ID : 20764665

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Chris J. Mitchell

Mailing Address 1262 Lake Side Drive

City

East Lansing

State

MI

Zip Code

48823-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Manager, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2013

Transaction ID : 20764666

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. A Gary Muller FACHE

Mailing Address 101 S Front St Ste 105

City State Zip Code
 Marquette MI 49855-4641

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Marquette General Health System

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 27 2013

Transaction ID : 20764667

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Rodney M Nelson

Mailing Address 220 Burdette Street

City State Zip Code
 Saint Ignace MI 49781-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mackinac Straits Health System

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 27 2013

Transaction ID : 20764668

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Brian Peters

Mailing Address 3051 Crofton Dr.

City State Zip Code
 Dewitt MI 48820-7770

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Michigan Health & Hospital Association

Occupation
 Senior Corporate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 27 2013

Transaction ID : 20764671

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Annette S Phillips

Mailing Address 718 North Macomb Street

City State Zip Code
 Monroe MI 48162-7815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Memorial Hospital System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 27 2013

Transaction ID : 20764675

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Peter J. Schonfeld

Mailing Address 7105 Cutler Road

City State Zip Code
 Bath MI 48808-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Sr. Vice President, Policy & Data Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 27 2013

Transaction ID : 20764676

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

C. Mr. Douglas Strong

Mailing Address 1500 East Medical Center Drive

City State Zip Code
 Ann Arbor MI 48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan Hospitals and H

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 27 2013

Transaction ID : 20764677

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dennis A Swan

Mailing Address 1215 East Michigan Avenue

City

Lansing

State

MI

Zip Code

48912-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sparrow Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764678

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Matthew Van Vranken

Mailing Address 100 Michigan Street NE

City

Grand Rapids

State

MI

Zip Code

49503-2560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Health

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764679

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Vipperman

Mailing Address 4293 W Hansen

City

Ludington

State

MI

Zip Code

49431-9610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Medical Center of West Michig

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 20764680

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

962.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joanne Carrocino FACHE

Mailing Address 903 Shore Drive

City

Cape May

State

NJ

Zip Code

08204-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 20764716

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Mr. David P Tilton

Mailing Address 624 Park Place

City

Galloway

State

NJ

Zip Code

08205-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer

AtlantiCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 20764741

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

C. Mr. Jim Budzinski

Mailing Address 4050 Glen Hill Way

City

Marietta

State

GA

Zip Code

30066-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellStar Health System

Occupation

Executive Vice President and CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 20764745

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Laura J Caramanica RN, PhD, C

Mailing Address 1950 Barrett Lakes Blvd Nw Apt 221

City State Zip Code
 Kennesaw GA 30144-4573

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WellStar Kennestone Hospital

Occupation
 Vice President/Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 22 2013

Transaction ID : 20764747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. James W Eyler FACHE

Mailing Address PO Box 7287

City State Zip Code
 Macon GA 31209-7287

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Coliseum Psychiatric Center

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 22 2013

Transaction ID : 20764750

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. John T Fox

Mailing Address 3392 Woodhaven Road, NW

City State Zip Code
 Atlanta GA 30305-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Healthcare

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 22 2013

Transaction ID : 20764752

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George L Heck III

Mailing Address 1623 Club Drive

City State Zip Code
 Douglas GA 31533-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coffee Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 22 2013

Transaction ID : 20764755

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard T. Howerton III

Mailing Address 3365 W Paces Ferry Ct NW

City State Zip Code
 Atlanta GA 30327-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer

VHA Georgia, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 22 2013

Transaction ID : 20764757

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Lamar Lyle

Mailing Address Post Office Box 44

City State Zip Code
 Dalton GA 30722-0044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hamilton Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 22 2013

Transaction ID : 20764762

Amount of Each Receipt this Period

500.00

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1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Norma Jean Morgan

Mailing Address 1935 Cloy-Kildare Rd

City State Zip Code
Cloy GA 31303-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Effingham Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 20764765

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Vi B. Naylor

Mailing Address 190 Hunting Creek Drive

City State Zip Code
Marietta GA 30068-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 20764766

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Joyce Reid

Mailing Address 1675 Terrell Mill Rd

City State Zip Code
Marietta GA 30067-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Health and Accountability Specialist,

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 20764769

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Laurie Ott Smith

Mailing Address 475 Cambridge Way

City State Zip Code
Martinez GA 30907-8943

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Health Care System

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 20764772

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Cindy R. Turner

Mailing Address 248 Twin Lakes Road

City State Zip Code
Nicholls GA 31554-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bacon County Hospital and Health Syste

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 20764774

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Ben Underwood

Mailing Address 2104 Murren Drive

City State Zip Code
Smyrna GA 30080-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Talbot Recovery Campus

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : 20764775

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Deborah Kania

Mailing Address 2600 L Street

City

Sacramento

State

CA

Zip Code

95816-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sutter Medical Center, Sacramento

Occupation

Administrative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 20764894

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph P. Chirichella

Mailing Address 37 Brookwood Road

City

Mount Laurel

State

NJ

Zip Code

08054-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Deborah Heart and Lung Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : 20767351

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

C. Ms. Elizabeth A. Ryan

Mailing Address 4 Brookside Drive

City

Bordentown

State

NJ

Zip Code

08505-4439

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : 20767380

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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2300.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tim Johnsen

Mailing Address 3300 NW Expressway

City State Zip Code
Oklahoma City OK 73112-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrus Baptist Medical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2013

Transaction ID : 20767394

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jerry G Moeller FACHE

Mailing Address P O Box 2408

City State Zip Code
Stillwater OK 74076-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stillwater Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2013

Transaction ID : 20767399

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Kersey Winfree M.D.

Mailing Address 1000 N. Lee Avenue
Suite 3057

City State Zip Code
Oklahoma City OK 73102-1036

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony Hospital

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2013

Transaction ID : 20767405

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

41762.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 12 / 2013

Transaction ID : 20727691

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 26 / 2013

Transaction ID : 20764344

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hospital and Healthsystem Assoc. of PA (F)

Mailing Address Post Office Box 8600

City Harrisburg State PA Zip Code 17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

52500.00

Date of Receipt

02 / 27 / 2013

Transaction ID : 20764528

Amount of Each Receipt this Period

27500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

29500.00

29500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City
Washington

State Zip Code
DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 20770403

Amount of Each Receipt this Period

167.82

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

167.82

167.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. HURT PAC (Help Unite Republicans Today)

Mailing Address PO Box 2 - 10 Main Street

City State Zip Code
 Chatham VA 24531

FEC ID number of contributing
federal political committee.

C C00496323

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / **11** / **2013**

Transaction ID : 20764348

Amount of Each Receipt this Period

1000.00

Refund of 12/12 Check

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Enyart For Congress

Mailing Address PO Box 308

City	State	Zip Code
Belleville	IL	62222

Purpose of Disbursement
Contribution

Candidate Name

Mr. William EnyartOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District: 12

2012 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 20712516

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Deb Fischer For U.S. Senate Inc

Mailing Address 317 S 12th

City	State	Zip Code
Lincoln	NE	68508

Purpose of Disbursement
Contribution

Candidate Name

Ms. Debra FischerOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: NE District:

2012 General Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 20712518

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee '14

Mailing Address PO Box 1496

City	State	Zip Code
Louisville	KY	40201

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mitch McConnellOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 20712519

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jackie Speier For Congress

Mailing Address PO Box 112

City	State	Zip Code
Burlingame	CA	94011

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jackie SpeierOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 20712521

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. PETEPAC: People for Enterprise Trade & Econ GrowthMailing Address 3686 King Street
#146

City	State	Zip Code
Alexandria	VA	22302

Purpose of Disbursement
2013 Contribution

Candidate Name

PETEPAC: People for Enterprise Trade & Econ GrowthOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 20713002

Amount of Each Disbursement this Period

5000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. LYNN PAC

Mailing Address PO Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement
2013 Contribution

Candidate Name

LYNN PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 20713004

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Heartland Values PAC

Mailing Address P.O. Box 505

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Heartland Values PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2013

Transaction ID : 20713006

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address P.O. Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Frederick Stephen UptonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2013

Transaction ID : 20713012

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Texans For Lamar Smith

Mailing Address PO Box 6155

City	State	Zip Code
San Antonio	TX	78209

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lamar S. SmithCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2013

Transaction ID : 20713068

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pete Sessions For Congress

Mailing Address PO Box 823047

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Pete SessionsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2013

Transaction ID : 20713084

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. John CornynCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2013

Transaction ID : 20713096

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jeff Duncan For Congress

Mailing Address PO Box 845

City	State	Zip Code
Laurens	SC	29360

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jeff DuncanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2013

Transaction ID : 20713097

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Donna Edwards For Congress

Mailing Address P.O. Box 441153

City	State	Zip Code
Fort Washington	MD	20749

Purpose of Disbursement
Contribution

Candidate Name

Rep. Donna F. EdwardsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 20713098

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City	State	Zip Code
Lyndora	PA	16045

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike KellyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 20713099

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sander M. LevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 20713100

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter RoskamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2013

Transaction ID : 20713101

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lincoln PAC

Mailing Address PO Box 8

City Winnetka	State IL	Zip Code 60093
------------------	-------------	-------------------

Purpose of Disbursement
2013 Contribution

Candidate Name

Lincoln PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Transaction ID : 20719738

Amount of Each Disbursement this Period

2000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City Springfield	State IL	Zip Code 62705
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Sen. Richard J. DurbinOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Transaction ID : 20719742

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bennet For Colorado

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Sen. Michael F. BennetCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : 20719744

Amount of Each Disbursement this Period

1000.00

2016 Contribution

Full Name (Last, First, Middle Initial)

B. Synergy PACMailing Address 6849 Old Dominion Drive
Suite 222

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Synergy PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : 20719746

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Stutzman For Congress

Mailing Address 0250 W 600 N

City	State	Zip Code
Howe	IN	46746

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Marlin StutzmanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : 20719748

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Marcia Fudge For Congress

Mailing Address 3729 Silsby Rd

City State Zip Code
 University Heights OH 44118

Purpose of Disbursement
 Contribution

Candidate Name

Rep. Marcia L. Fudge

Office Sought: ☒ House ☐ Senate ☐ President
 State: OH District: 11

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 02 12 2013

Transaction ID : 20719749

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. A Whole Lot Of People For Grijalva Congressional C

Mailing Address PO Box 1242

City State Zip Code
 Tucson AZ 85702

Purpose of Disbursement
 Contribution

Candidate Name

Rep. Raul M. Grijalva

Office Sought: ☒ House ☐ Senate ☐ President
 State: AZ District: 03

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 02 12 2013

Transaction ID : 20719751

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin For Senate

Mailing Address P.O. Box 696

City State Zip Code
 Madison WI 53701

Purpose of Disbursement
 2018 Contribution

Candidate Name

Sen. Tammy Baldwin

Office Sought: ☐ House ☒ Senate ☐ President
 State: WI District:

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 02 21 2013

Transaction ID : 20764349

Amount of Each Disbursement this Period

1000.00

2018 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jeff Flake For U.S. Senate Inc

Mailing Address PO Box 12512

City	State	Zip Code
Tempe	AZ	85284

Purpose of Disbursement
2018 Contribution

Candidate Name

Sen. Jeffrey L. Flake

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AZ District:

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2013

Transaction ID : 20764351

Amount of Each Disbursement this Period

1000.00

2018 Contribution

Full Name (Last, First, Middle Initial)

B. Hagan for U.S. Senate Inc

Mailing Address PO Box 29103

City	State	Zip Code
Greensboro	NC	27429-9103

Purpose of Disbursement
Contribution

Candidate Name

Sen. Kay Hagan

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2013

Transaction ID : 20764353

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Reed Committee

Mailing Address PO Box 8628

City	State	Zip Code
Cranston	RI	02920

Purpose of Disbursement
Contribution

Candidate Name

Sen. Jack Francis Reed

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: RI District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2013

Transaction ID : 20764358

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael C. Burgess M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : 20764359

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pompeo For Congress Inc

Mailing Address PO Box 780146

City	State	Zip Code
Wichita	KS	67212

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike PompeoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : 20764370

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Reichert

Mailing Address PO Box 2032

City	State	Zip Code
Issaquah	WA	98027

Purpose of Disbursement
Contribution

Candidate Name

Rep. David George ReichertOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : 20764371

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City Wadsworth	State OH	Zip Code 44281
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. James B. Renacci

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2013

Transaction ID : 20764372

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City West Columbia	State SC	Zip Code 29171
-----------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe Wilson

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

State: SC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2013

Transaction ID : 20764373

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Fearless PAC

Mailing Address PO Box 4572

City Boulder	State CO	Zip Code 80306
-----------------	-------------	-------------------

Purpose of Disbursement
2013 Contribution

Candidate Name

Fearless PAC

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
-------------------	--	----------------------------------

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2013

Transaction ID : 20764374

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. M-PACMailing Address 3417 Fremont Ave N
Suite 400

City Seattle State WA Zip Code 98103

Purpose of Disbursement
2013 Contribution

Candidate Name

M-PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2013

Transaction ID : 20764375

Amount of Each Disbursement this Period

2500.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Reclaim America PAC

Mailing Address 4031 South Le Jeune Road

City Coral Gables State FL Zip Code 33146

Purpose of Disbursement
2013 Contribution

Candidate Name

Reclaim America PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2013

Transaction ID : 20764380

Amount of Each Disbursement this Period

5000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Treasure State PAC

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2013 Contribution

Candidate Name

Treasure State PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2013

Transaction ID : 20764386

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. We the People PAC

Mailing Address PO Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Purpose of Disbursement
2013 Contribution

011

Candidate Name

We the People PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2013

Transaction ID : 20764388

Amount of Each Disbursement this Period

2500.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Alaskans For Begich 2014

Mailing Address PO Box 410

City	State	Zip Code
Palmer	AK	99645

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark BegichCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Transaction ID : 20764437

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Julia Brownley For Congress

Mailing Address 728 W. Edna Place

City	State	Zip Code
Covina	CA	91722

Purpose of Disbursement
Contribution

011

Candidate Name

Ms. Julia BrownleyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Transaction ID : 20764438

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst	State NY	Zip Code 11373
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph CrowleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Transaction ID : 20764439

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 450

City Victor	State NY	Zip Code 14564
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom ReedOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Transaction ID : 20764440

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Rigell For CongressMailing Address 915 First Colonial Road
Suite 100

City Virginia Beach	State VA	Zip Code 23454
------------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott E. RigellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Transaction ID : 20764449

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jobs, Opportunity & Education, PAC (JOEPAC)

Mailing Address 84-54 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Jobs, Opportunity & Education, PAC (JOEPAC)

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2013

Transaction ID : 20764451

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Kelly PAC

Mailing Address PO Box 233

City	State	Zip Code
Nashua	NH	03061

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Kelly PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2013

Transaction ID : 20764452

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. PAC to the FutureMailing Address 700 13th Street N.W.
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
2013 Contribution

011

Candidate Name

PAC to the Future

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2013

Transaction ID : 20764453

Amount of Each Disbursement this Period

2500.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Glenn Thompson

Mailing Address PO Box 1112

City	State	Zip Code
State College	PA	16804

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Glenn W. ThompsonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Transaction ID : 20764454

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ted Cruz for Senate

Mailing Address 815A Brazos - PMB 550

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement
2018 Contribution

011

Candidate Name

Ted CruzCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Transaction ID : 20764455

Amount of Each Disbursement this Period

1000.00

2018 Contribution

Full Name (Last, First, Middle Initial)

C. Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Elijah E. CummingsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : 20767690

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mikulski For Senate Committee

Mailing Address PO Box 13147

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement
2016 Contribution

Candidate Name

Sen. Barbara A. Mikulski

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MD District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : 20767691

Amount of Each Disbursement this Period

2500.00

2016 Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

75500.00
